



# Trial Application (Print Clearly)

Trial Number: \_\_\_\_\_

## CLUB INFORMATION

Club Name: \_\_\_\_\_  
 Club Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Professional Member # \_\_\_\_\_

## TRIAL LOCATION

Date of Trial: \_\_\_\_\_ Trial Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Chairperson: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Secretary: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

## TRIAL INFORMATION

Maximum of **12 events** per trial

Judge 1 Name: \_\_\_\_\_ CARO# \_\_\_\_\_  
 Judge 2 Name: \_\_\_\_\_ CARO# \_\_\_\_\_  
 Judge 3 Name: \_\_\_\_\_ CARO# \_\_\_\_\_  
 Judge 4 Name: \_\_\_\_\_ CARO# \_\_\_\_\_

GST# 830379491RT0001

Level	Novice	Advanced	Excellent	Versatility	Team	Judge	Date yyyy/mm/dd
Event 1							
Event 2							
Event 3							
Event 4							
Event 5							
Event 6							
Event 7							
Event 8							
Event 9							
Event 10							
Event 11							
Event 12							

Please return this completed form at least 60 days prior to the intended trial date, along with a cheque or money order for **\$42.00 cdn** ( 2.00 GST incl) payable to CARO, c/o Brian Smith, 492583, Southgate 49 Sideroad RR# 2 Holstein ON NOG 2A0, E-mail: [carotrialap@gmail.com](mailto:carotrialap@gmail.com)